

ATHLETIC FIELD RESERVATION APPLICATION

Leagues, Camps/Clinics, Single/Incidental Use

INSTRUCTIONS

- Please review the City of Burlington's Field Use Policies for detailed information regarding reservations and submittal deadlines.
- Questions may be directed to (360) 755-9649 or BParks@burlingtonwa.gov.
- Complete pages 1-4 of the following application form and return to Burlington Parks & Recreation to request field reservations. *Mail/Deliver to:* 900 E. Fairhaven Avenue or *Email to:* BParks@burlingtonwa.gov
Burlington, WA 98233
- Please be aware that no legal or binding commitment exists between parties until a Field Use Permit has been issued.

APPLICANT INFORMATION

Name of Sponsoring Organization or Individual: _____

Classification: ☐ Non-Profit, ID# _____ ☐ Private Citizen or Group ☐ For-Profit/Commercial

Organization Website Address: _____

Billing Address: _____

City/ST/ZIP: _____

AUTHORIZED REPRESENTATIVE INFORMATION

Name of Primary Contact Person: _____ Position: _____

Phone: _____ Email: _____

Billing Contact Person: ☐ Same as Above or, Name: _____

Phone: _____

Email: _____

GENERAL ACTIVITY INFORMATION (Complete ALL that apply)

Activity Title: _____ Sport Type: _____

Field Use Type: ☐ Game(s) ☐ Turnout/Practice ☐ Camp/Clinic ☐ One-time/Incidental Use

Activity Start Date: _____ End Date: _____

Target Age Range(s): _____

Target Audience: ☐ Men/Boys ☐ Women/Girls ☐ Co-Ed Other: _____

of Participating Teams: _____ Average # of Players per Team: _____

SPECIAL REQUESTS (Complete ALL that apply)

☐ Painted Field Lines ☐ Parks Staff Assistance is Needed

☐ Merchandise Sales

☐ Food Sales

☐ Use of Skagit River Park Concession Room

☐ Use of Amplified Sound Describe: _____

☐ Use of Scoreboards (Baseball)

☐ Access to City Utilities: ☐ Potable Water ☐ Electricity Purpose: _____

Other Requests:

FIELD RESERVATION REQUESTS

Turnouts/Practices ONLY

☐ **Baseball/Softball** Base Path Needed & Quantity of Each: 55' # _____ 60' # _____ 90' # _____ Other: _____
Location(s) Requested: ☐ Skagit River Park ☐ Rotary Park

☐ **Grass Field** Micro (up to 20yds x 30yds) Total Quantity: _____
Standard (up to 75yds x 120yds) Total Quantity: _____
Other, Describe: _____
Location(s) Requested: ☐ Dike District Fields ☐ Rotary Park
☐ Jack Doyle Park ☐ Whitmarsh Fields

Reservation Dates Requested:

Base Path Length or Grass Field Dimensions	Day of Week	Start Date	End Date	Start Time	End Time
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Describe Equipment you wish to setup for your activity:

Additional Comments or Requests:

Total Hours Requested for Practices/Turnouts:

FIELD RESERVATION REQUESTS

Games, Camps/Clinics, Single/Incidental Use ONLY

☐ **Baseball/Softball** Base Path Needed & Quantity of Each: 55' # _____ 60' # _____ 90' # _____ Other: _____
Location Requested: ☐ Skagit River Park ☐ Rotary Park

☐ **Grass Field** Micro (up to 20yds x 30yds) Total Quantity: _____
Standard (up to 75yds x 120yds) Total Quantity: _____
Other, Describe: _____
Location(s) Requested: ☐ Skagit River Park ☐ Dike District Fields ☐ Rotary Park
Not available for Games: ☐ Jack Doyle Park ☐ Whitmarsh Fields

Reservation Dates Requested:

Base Path Length or Grass Field Dimensions	Day of Week	Start Date	End Date	Start Time	End Time
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Describe Equipment you wish to setup for your activity:

Additional Comments or Requests:

Total Hours Requested for Games, Camps/Clinics or Incidental Use:

ACKNOWLEDGMENTS

(Please INITIAL Below)

- _____ **Minimum Age.** I certify that I am 18 years of age or older and am an authorized representative of Applicant.
- _____ **Application Timeline.** I understand that I may expect receipt acknowledgment from Burlington Parks & Recreation within 10 business days of my application submittal.
- _____ **Insurance.** The City of Burlington does not maintain insurance that will respond to claims against me, the Applicant, arising from my use, my affiliated members/participants' use or use by those attending my activity. When required by the City, I will provide written documentation meeting the minimum requirements outlined in the City's Athletic Field Use and Reservation Policy as proof of my general liability insurance coverage. (*Sample information can be found on pages 5-6 of this document.*)
- _____ **Field Use & Park Rules.** I, the Applicant, or an individual authorized to act on the Applicant's behalf, have read, understand and agree to abide by all field use policies and park rules described in the City's Athletic field Use & Reservation Policy.
- _____ **Alcohol & Marijuana.** Washington State law prohibits the consumption or use of alcohol or marijuana products in any form in public places, which includes all City of Burlington outdoor park facilities. It also prohibits the opening of packages containing alcohol or marijuana products in any form. Please refer to the Revised Code of Washington (RCW) sections 66.44.100 and 69.50.445 for detail. A person who violates these sections is guilty of a class 3 civil infraction under chapter 7.80 of the RCW.
- _____ **Standard of Behavior.** I, the Applicant, understand that I, my affiliated members/participants and those in attendance of my activity are expected to obey all laws governing the City of Burlington and the State of Washington and to behave in a respectful manner during our use of the playfields. Fighting, abusive or threatening language, public urination, intoxication and littering are examples of behaviors that are considered unacceptable. I understand it is my responsibility to address unacceptable behavior if it occurs. The City of Burlington may at its discretion terminate my Field Use Permit if unacceptable behavior concerns persist.
- _____ **Field Prep & Cleanup.** Equipment I wish to setup to support my activity must be preapproved, in writing, by the City. I understand that I am responsible for leaving my designated playfield area free of debris and garbage upon my activity's conclusion. I will place garbage created by my activity in the waste dumpster provided onsite or I will haul it off-site. I also understand that I will be responsible for payment of a cleanup fee when the City deems my post-activity cleanup inadequate.
- _____ **Cancellations & Changes.** I understand that once my application is approved, the Cancellation & Refund Policy described in the City's Athletic Field Use & Reservation Policy applies. My written confirmation must be received by the City in order for my cancellation or change to be considered binding.
- _____ **Departmental Access.** I understand that Burlington Parks & Recreation and the City's authorized representatives shall have free access to the premises at all times.
- _____ **Private Vehicles.** My personal vehicles and those of my affiliated participants and guests are not permitted on the playfields at any time unless prior written approval has been granted from the City.
- _____ **Playfield Conditions.** I understand that my playfield reservations may be cancelled at the City's discretion when it has determined imminent conditions exist that could potentially cause damage to the playfields or put field users' safety at risk. Should this occasion occur, I can expect the City to notify me with as much advance notice as is feasibly diligent.

HOLD HARMLESS & INDEMNIFICATION AGREEMENT

With my signature below, I, the Applicant or Authorized Representative of the Applicant, hereby request of the City of Burlington the use of City facilities as described herein and certify that the information in this request is correct and complete.

I agree that no persons will be excluded from participation in, or denied the benefit of, or otherwise subjected to discrimination because of the person's race, color, national origin, age, handicap or other protected class status during my use of the City's facilities. I further agree to exercise the utmost care in my use of the City's facilities and agree to reimburse the City for any costs incurred by the City in repairing damage to its facilities caused by my activity.

I agree to defend, indemnify and hold harmless the City of Burlington, its Elected Officials, Appointed Officers, Employees and Agents from all liability resulting from my use of City facilities except only such liability as shall have been occasioned by the sole negligence of the City of Burlington. I agree to observe and comply with all provisions of laws and ordinances governing the City of Burlington and the State of Washington.

Signature: _____

Date: _____

PAYMENT SCHEDULE

League Games,

Turnouts/Practices:

Payment of 50% of field rental fees is due when final field allocation has been approved.

Payment of the remaining balance along with payment of all miscellaneous fees associated with the activity (i.e. portable restrooms, field lining charges, lining paint...) is due upon the activity's conclusion within 30-days of billing.

Camps/Clinics,

One-Time/Incidental Use: Payment is due in full at time of field reservation *confirmation*.

FOR CITY USE:

Date Application received by City: _____ By: _____

☐ Field Allocation APPROVED AS REQUESTED. Permit Attached.

☐ Field Allocation APPROVED WITH CHANGES. Permit Attached with Detail.

☐ Field Use NOT APPROVED. No Permit Issued. Remarks: _____

Staff Signature: _____

Date: _____

Title: _____

PAYMENT RECEIPT INFORMATION

	Date Received	Amount Received	Form of Payment	Receipt #
Initial Payment:				
Final Payment:				

INSURANCE REQUIREMENTS

The City must receive a valid **Certificate of Insurance** accompanied by the policy's **Endorsement** at least 30-days prior to your activity's start date. Please ask your insurer to forward the documents containing the minimum requirements listed below. The documentation should be emailed to BParks@burlingtonwa.gov.

Certificate of Insurance

- Certificate Holder must be listed as "City of Burlington"
833 S. Spruce Street
Burlington WA 98233
- Minimum thresholds of coverage: \$2,000,000 General Aggregate
\$1,000,000 per occurrence
- Certificate must include the remark "Additional Insureds include the City of Burlington, its elected officials, officers, employees & agents."

ACORD
CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: CONTACT NAME, PHONE, FAX, E-MAIL, ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #

INSURED: INSURER A, INSURER B, INSURER C, INSURER D, INSURER E, INSURER F

Applicant's Name & Address

CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMIT
COMMERCIAL GENERAL LIABILITY					
CLAIMS MADE					
GEN'L AGGREGATE LIMIT APPLIES PER:					
POLICY					
OTHER					
AUTOMOBILE LIABILITY					
ANY AUTO					
OWNED AUTOS ONLY					
HIRSD AUTOS ONLY					
UMBRELLA LIAB					
EXCESS LIAB					
DED					
RETENTION					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
ANY/ALL EMPLOYERS' LIABILITY					
OFFICER/BOARD MEMBER/EXECUTIVE					
Mandatory in WA					
If yes, describe under DESCRIPTION OF OPERATIONS below					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES					
ACORD 101, Additional Remarks Schedule, may be attached if more space is required					
Additional Insureds include the City of Burlington, its elected officials, officers, employees and agents.					
CANCELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
AUTHORIZED REPRESENTATIVE					

CITY OF BURLINGTON
833 S. Spruce Street
Burlington, WA 98233

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Endorsement

- An Endorsement using ISO Form CG 20 26 or coverage at least as broad must accompany the Certificate of Insurance.
- Additional Insured must be listed as "City of Burlington"
833 S. Spruce Street
Burlington WA 98233
- The Endorsement must reference the Insured's policy number.

POLICY NUMBER: **Policy number must match number listed on the Certificate of Insurance.** COMMERCIAL GENERAL LIABILITY CG 20 26

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

City of Burlington
833 S. Spruce Street
Burlington, WA 98233

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

ENDORSEMENT
SAMPLE